

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILING DATE

APPLICATOR

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	3					
5	8					
6	8					
7						
8	1					
9		1				
10	1					
11	3					
12	3					
13	3					
14	0					
15	0					
16		1				
17		1				
18		1				
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TOTAL IND.			2			
TOTAL DEP.		13				
TOTAL CLAIMS	15					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			2			
TOTAL DEP.			13			
TOTAL CLAIMS	15					

3 BEST AVAILABLE COPY